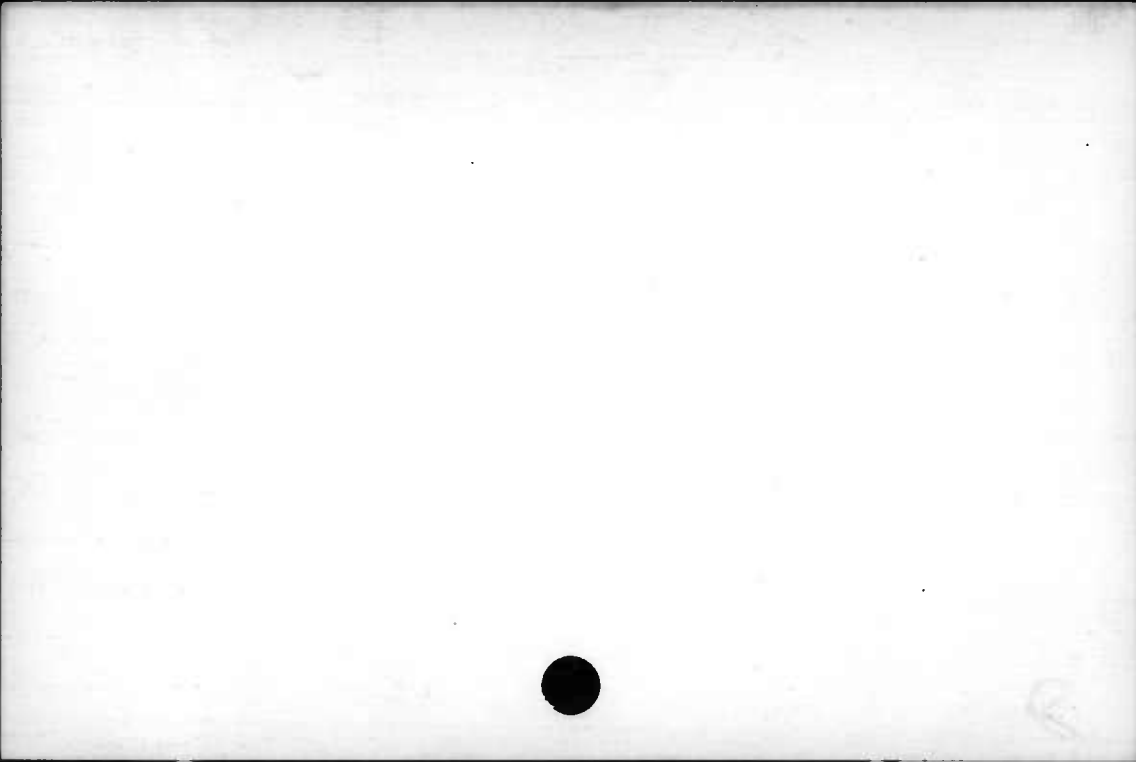




Name in Full		Will Adams				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Cambridge		^{County} Dorchester		MARYLAND							
		Date of death	1905	Month	4	Day	26	Years	28	Months	1	Days	4
		Sex	Male		Color or Race	BLK		Birth-place	Md.				
		Occupation	Oyster shucker			Where Residing if not at place of death			—				
		Married, single or widowed				Name of Wife or Husband			Willie Adams.				
		Father's Name							Father's Birthplace				
		Mother's Maiden Name							Mother's Birthplace				
PHYSICIAN OR CORONER		Name of person giving information		Willie Adams				How related to deceased		Wife			
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		Tuberculosis				How long		6 mos.			
		Immediate		Exhaustion				How long					
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		G. E. Wolff					
						Address		Cambridge, Md.					
		Accident or Suicide?											



Name in Full		George Thomas Aary (Dary)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cambridge ^{Town}		Dorchester ^{County}		MARYLAND	
	Date of death	1901	April	Day 2	Age 32	Months 10	Days 19
	Sex	Male		Color or Race	white		Birth-place
	Occupation	open packer		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Geo. C. Dary				Father's Birthplace	Mich
	Mother's Maiden Name	Arhel F. Dodson				Mother's Birthplace	Va
	Name of person giving information	Mrs F. B. Dodson				How related to deceased	Grandmother
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Chronic Brights Disease				How long	2 years
	Immediate	Uremic coma short failure				How long	2 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Guy Steele	
					Address	Cambridge Mich	
<div style="text-align: center;">  </div>							
<div style="text-align: center;">  </div>							
Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cambridge</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND
	Date of death <u>1905</u> <small>Month</small> <u>apr</u> <small>Day</small> <u>28</u> <small>Years</small> <u>4</u>	Age <u>4</u>		Months <u>—</u>	Days <u>—</u>
	Sex <u>female</u>	Color or Race <u>colored</u>	Birth-place <u>Dr. Co. Md.</u>		
	Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed <u>single</u>	Name of Wife or Husband			
	Father's Name <u>Grant-U. Dignon</u>	Father's Birthplace <u>Dr. Co. Md.</u>			
	Mother's Maiden Name <u>Willie E. Thomas</u>	Mother's Birthplace <u>Dr. Co. Md.</u>			
Name of person giving information <u>Grant-U. Dignon</u>	How related to deceased <u>father</u>				
<div style="text-align: center;">CAUSES OF DEATH</div>					
PHYSICIAN OR CORONER	Primary	<u>ascites from tubercular lesion</u>		How long	<u>1 mon</u>
	Immediate	<u>hypertension</u>		How long	<u>12 hours</u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>[Signature]</u>		
			Address <u>Cambridge Md.</u>		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		4	21			7	2
Sex		Color or Race		Birth-place			
male		colored		Aireys			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Dolph Hight				Aireys			
Sarah Stanley				Aireys			
Dolph Hight				father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Yes	
Signature of Physician	
Dolph Hight Parent	
Address	
Aireys md.	
Accident or Suicide?	



Name
in
Full

C. Columbus Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Orchester</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>Apr.</u> <small>Month</small>	<u>10</u> <small>Day</small>	Age <u>73</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Or. Co. Md.</u>		
Occupation <u>farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Margaret A. Proschman</u>				
Father's Name <u>Arthur Hughes</u>	Father's Birthplace <u>Or. Co. Md.</u>				
Mother's Maiden Name <u>Margaret Hurley</u>	Mother's Birthplace <u>Or. Co. Md.</u>				
Name of person giving information <u>Margaret A. Hughes</u>	How related to deceased <u>wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Solar Pneumonia</u>	How long <u>8 days</u>
Immediate <u>Exposure to Phosphorus</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Gay S. Little</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide? <u></u>	



Name
in
Full

Maggie F. James

CERTIFICATE OF DEATH

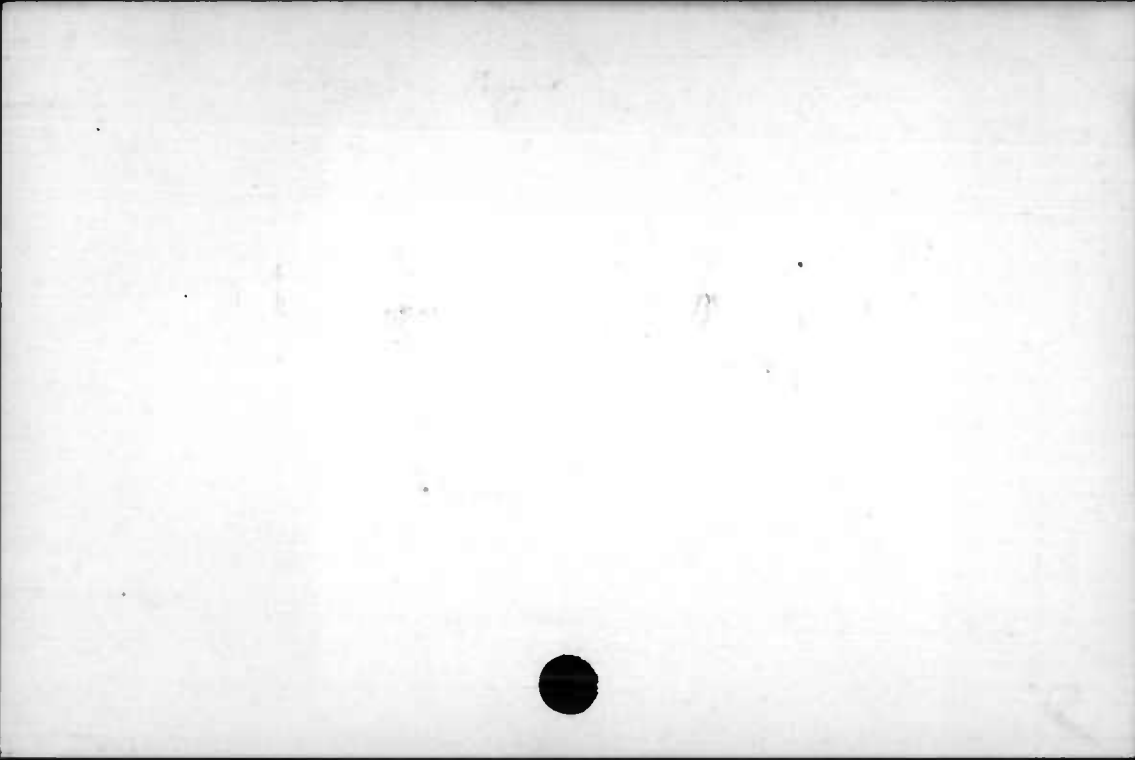
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Orchester</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Month</small> <u>apl</u> <small>Day</small>	<u>2</u> <small>Day</small>	Age <u>30</u> <small>Years</small>	Months	Days
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Or. Co. Md.</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Wm. H. James</u>		
Father's Name	<u>John B. Benson</u>		Father's Birthplace	<u>Talbot Co. Md.</u>	
Mother's Maiden Name	<u>Elizabeth Frazier</u>		Mother's Birthplace	<u>Or. Co. Md.</u>	
Name of person giving information	<u>Wm. H. James</u>		How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>4 months</u>
Immediate	<u>Effusion heart failure</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Guytall</u>
		Address	<u>Cambridge Md.</u>
Accident or Suicide?			



Name
in
Full

Maurice Benson James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Thomson^{County} Borchester

MARYLAND

Date of death 1905 AprDay 10Age 1 YearsMonths 3

Days

Sex maleColor or Race WhiteBirth-place ThomsonOccupation —Where Residing if not
at place of death —Married, Single
or Widowed —Name of Wife or
Husband —Father's Name Wm H JamesFather's Birthplace ThomsonMother's Maiden Name Marguerite BensonMother's Birthplace Hills PointName of person giving
InformationHow related
to deceased

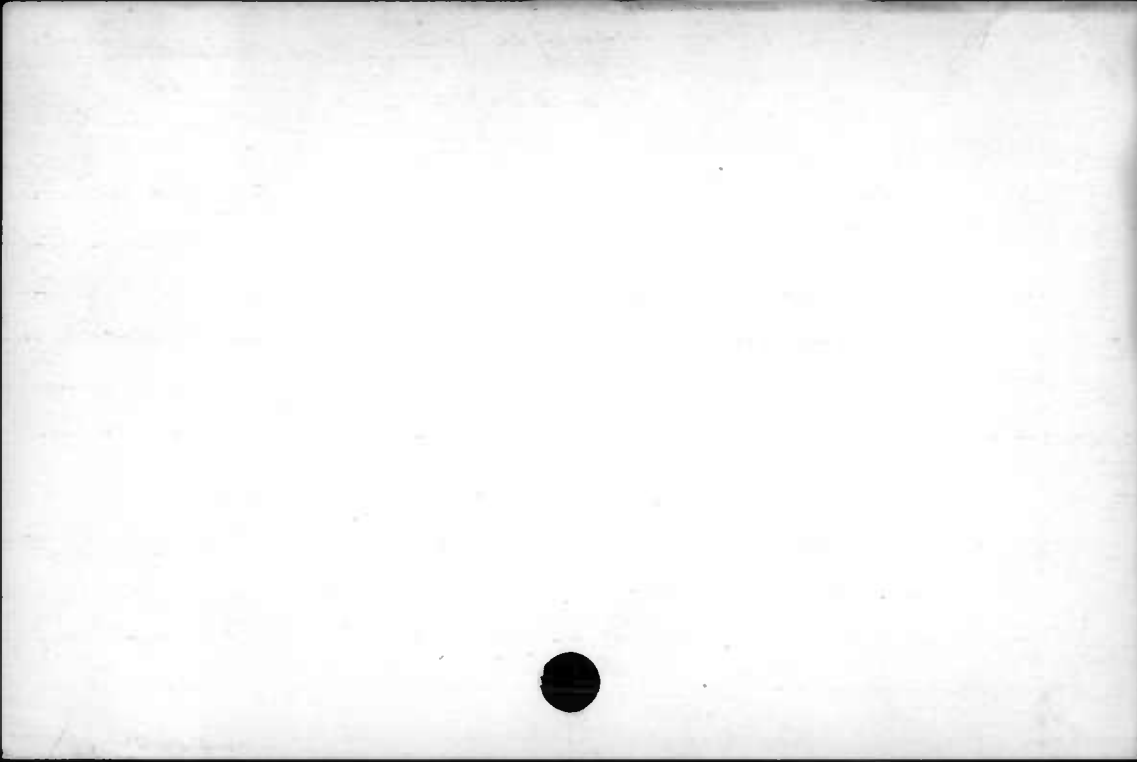
CAUSES OF DEATH

Primary ConvulsionsHow long 3 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above? yesSignature of Physician S A StokesAddress 276#5 Cambridge
Mass

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

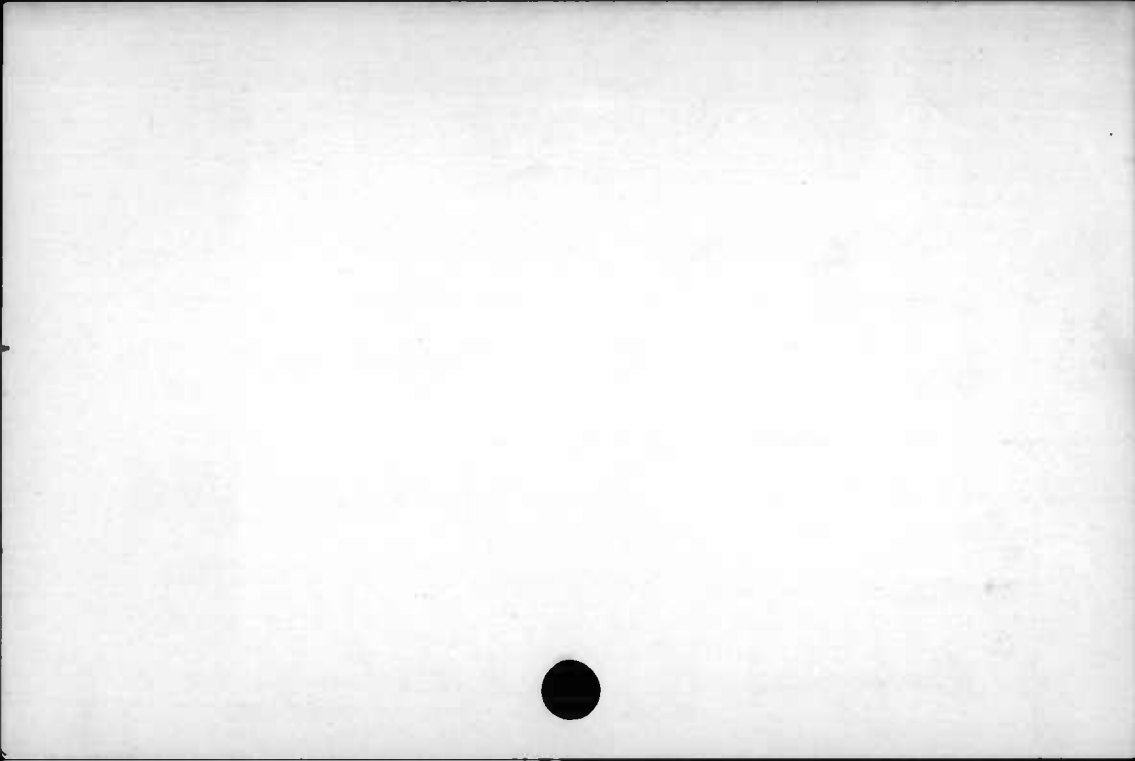
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madison</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>April</i>	Day <i>5th</i>	Years <i>49</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth- place <i>Virginia</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Sailor</i>				
Name of Wife or Husband <i>Sarah Lane</i>					
Father's Name <i>Don't- Know</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Don't- Know</i>			Mother's Birthplace <i>" - Suffolk</i>		
Name of person giving In formation <i>Job Lane</i>			How related to deceased <i>Brother in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's disease</i>	How long <i>about a year</i>
Immediate <i>General exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. L. Smith M.D.</i>
	Address <i>Madison, Md</i>
Accident or Suicide?	



Name in Full *Ettie May Lewis*
 Died at *Fishing Creek* ^{Town} *Dorchester* ^{County} *MARYLAND*
 Date 1905 *Apr 24* Month *Apr* Day *24* Y. *24* M. *—* D. *—* Native of *Fishing Creek* Occupation *House Keep*
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *1*

Husband of *Granville H Cox*
 Wife *Granville H Cox*
 Father's Name *Wm H Lewis* Mother's Name *Amelia Ann Parks*
 Maiden Name *Amelia Ann Parks*

Cause of Death { Primary *Eclampsia* Immediate
 How long sick *5 days*
 Accident, ~~Suicide~~, Homicide

Reported by *Wm. H. Lewis*

Address *Fishing Creek Md*

W H. Simmons
und

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

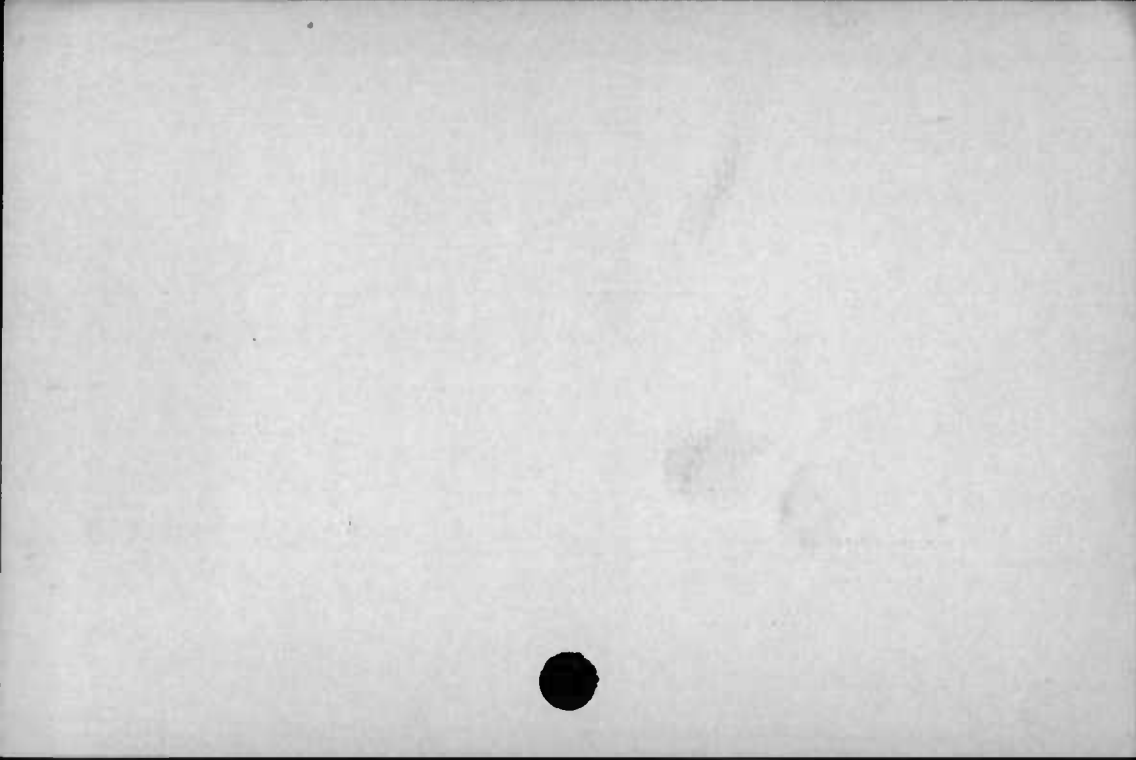
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Airys</i>		County <i>Dor.</i>		MARYLAND	
Date of death	1905	Month 4	Day 17	Age	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Airys</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>John Moleck</i>				Father's Birthplace	<i>Airys</i>
Mother's Maiden Name		<i>Maria Light</i>				Mother's Birthplace	<i>Airys</i>
Name of person giving In formation		<i>John Moleck</i>				How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
<i>Yes</i>	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

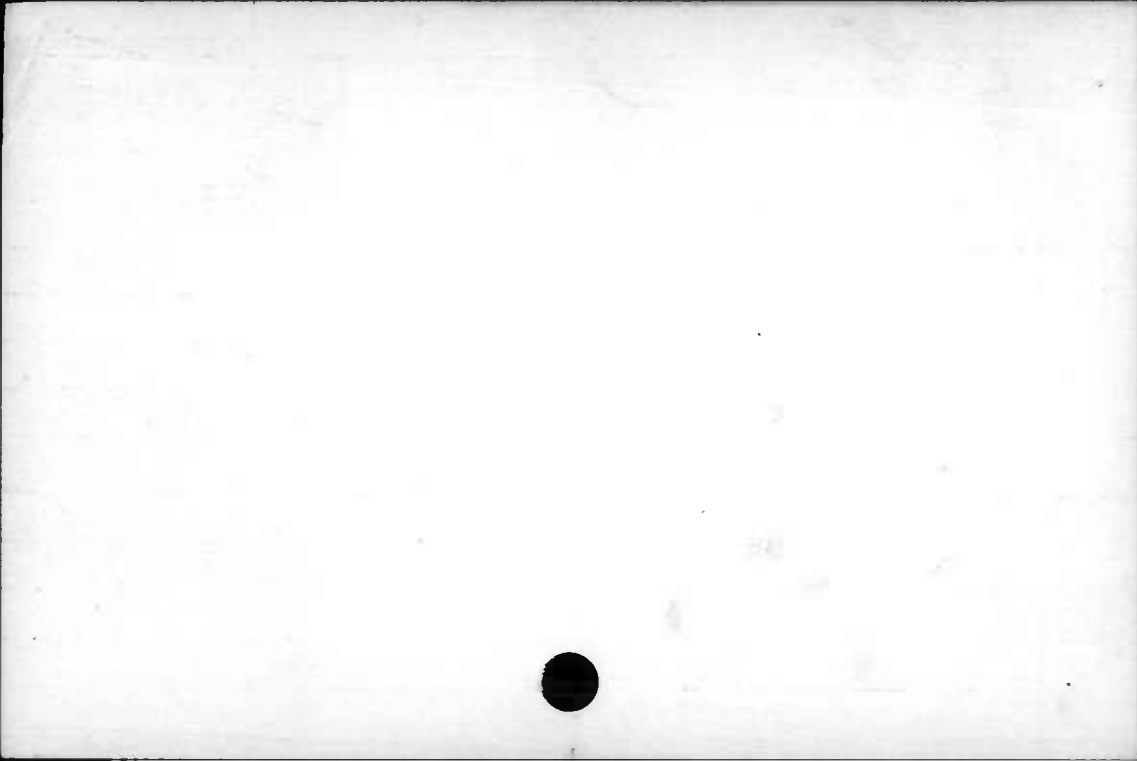
MARYLAND

Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County <i>Prince Georges</i>	
Date of death	1905	Month <i>Apr</i>	Day <i>29</i>	Age <i>48</i>	Years <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>5</i>
Occupation <i>Merchant</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Olive Cannon</i>			
Father's Name <i>W. H. Robinson</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Rose Ann Jones</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Mary Olive Robinson</i>		How related to deceased <i>Wife</i>			

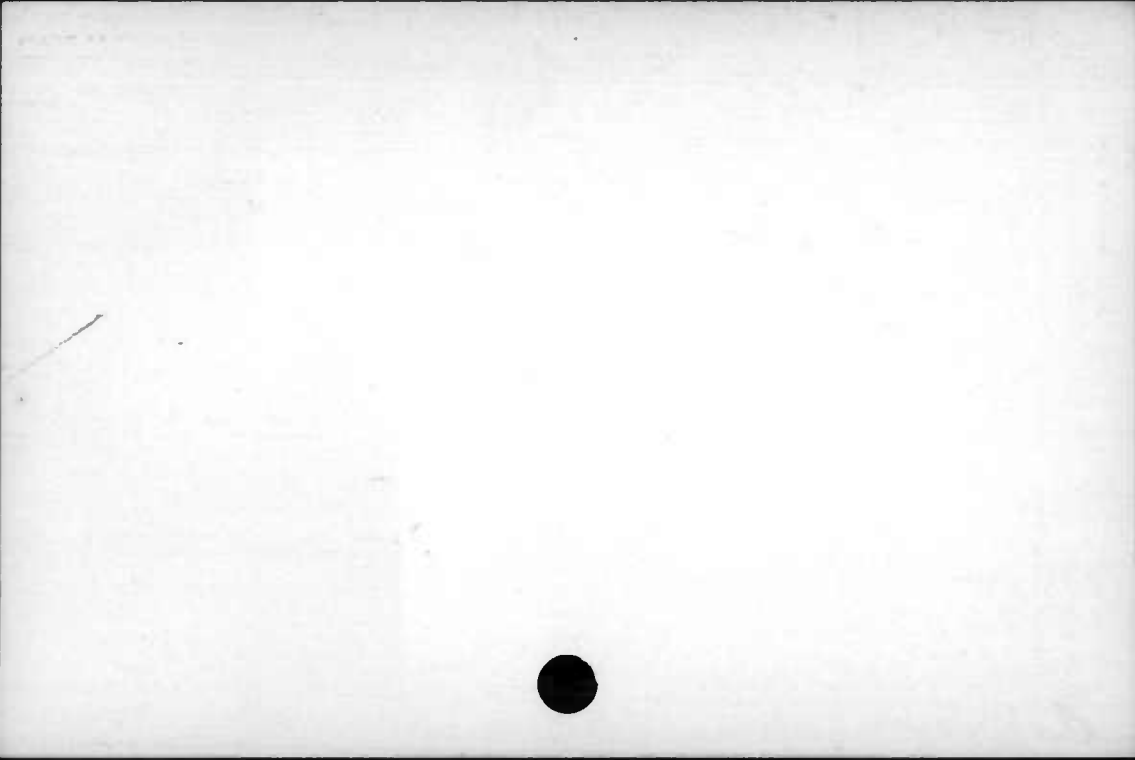
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Lesion</i>	How long <i>2 years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>E. A. Jones</i>
		Address <i>Chap. Md</i>
Accident or Suicide?	<i>No</i>	



Name in Full Rosa Stafford		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at P.O. - Cambridge Town	Orchard County	
	Date of death 1905 Month Apr Day 13 Age 21 Years		Months Days
	Sex Female	Color or Race Colored	Birth-place Hornish Conn.
	Occupation Housewife	Where Residing if not at place of death	
	Married, Single or Widowed Widow	Name of Wife or Husband Geo. Stafford	
	Father's Name Daniel A. King	Father's Birthplace N.C.	
	Mother's Maiden Name Annie M. Foster	Mother's Birthplace Or. Conn.	
Name of person giving information Virgil Nichols	How related to deceased Brother in law		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pulmonary Phthisis	How long 2 years	
	Immediate Exhaustion	How long	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Thos. Stull	
		Address Cambridge Md.	
	Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Geo. Washington Travers

Town

County

MARYLAND

Died at

Fishing Creek

Dorchester

Date

Month

Day

Years

Months

Days

of death 1905 April

27th

Age

75

1

1

Sex

male

Color or
Race

mixed

Birth-
place

Fishing Creek

Occupation

Sailorman

Where Residing If not
at place of death

Fishing Creek Ind.

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Sarah Elizabeth Travers

Father's
Name

John Travers

Father's
Birthplace

Dorchester Co

Mother's
Maiden Name

Do not know

Mother's
Birthplace

Dorchester Co

Name of person giving
information

Frank Henry Travers

How related
to deceased

Son

CAUSES OF DEATH

Primary

Epithelioma of left side of face (Impetigo)

How long

(4) Four years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

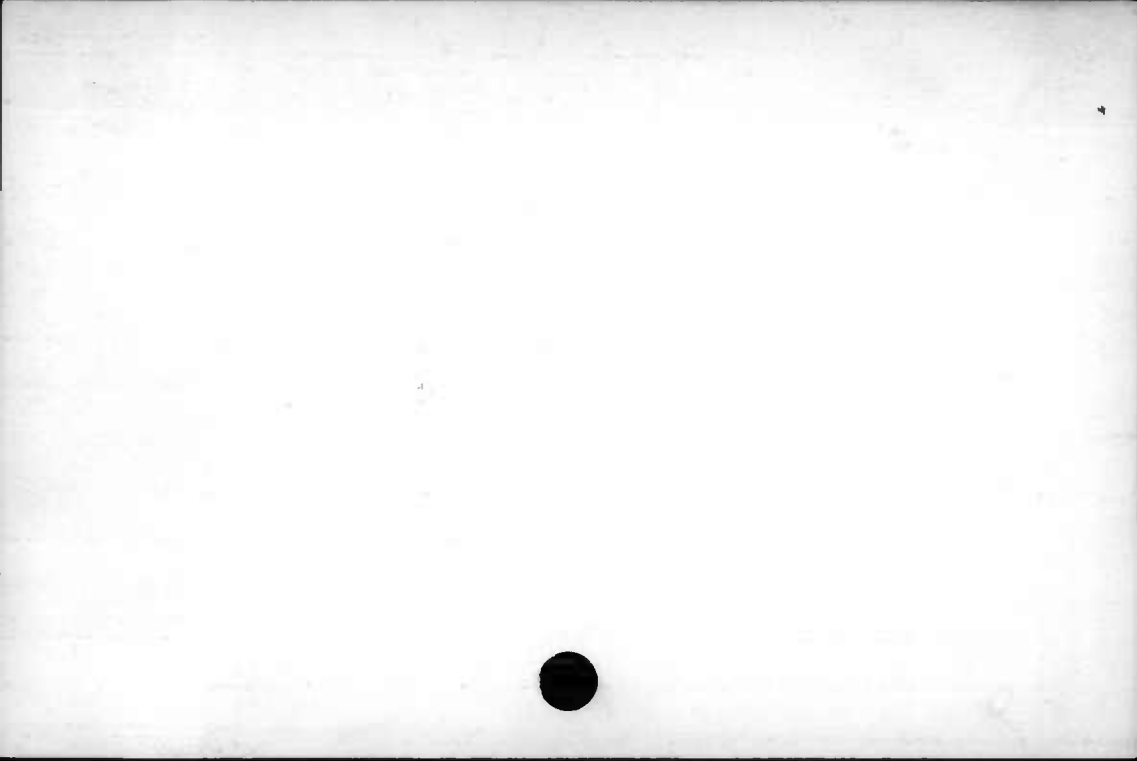
W. H. Donston

Address

Fishing Creek Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Victor Reasa Tyler

Town

County

Died at

Fishing Creek

Donchester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

14

Apr

5

Age

0

6

2

Fishing Creek

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Frank Tyler

Mother's

Maiden Name

Skinner Aaron

Cause of

Primary

Malnutrition

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Frank Aaron

Address

Fishing Creek

W H Simmons

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Seven* Town *Prins**Wilcox* County *Dorchester*Date
of death *1905*Month
*4*Day
26

Age

Years
*-*Months
*-*Days
40

Sex

*Female*Color or
Race*BLK*Birth-
place*Ind.*

Occupation

*child*Where Residing if not
at place of death
-~~Married~~, SingleName of Wife or
HusbandFather's
Name*Isaac Wilson*Father's
Birthplace*Ind.*Mother's
Maiden Name*Jennie Crawford*Mother's
Birthplace*Ind.*Name of person giving
information*Isaac Wilson*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Cardiac Failure

How long

Immediate

Asphyxia

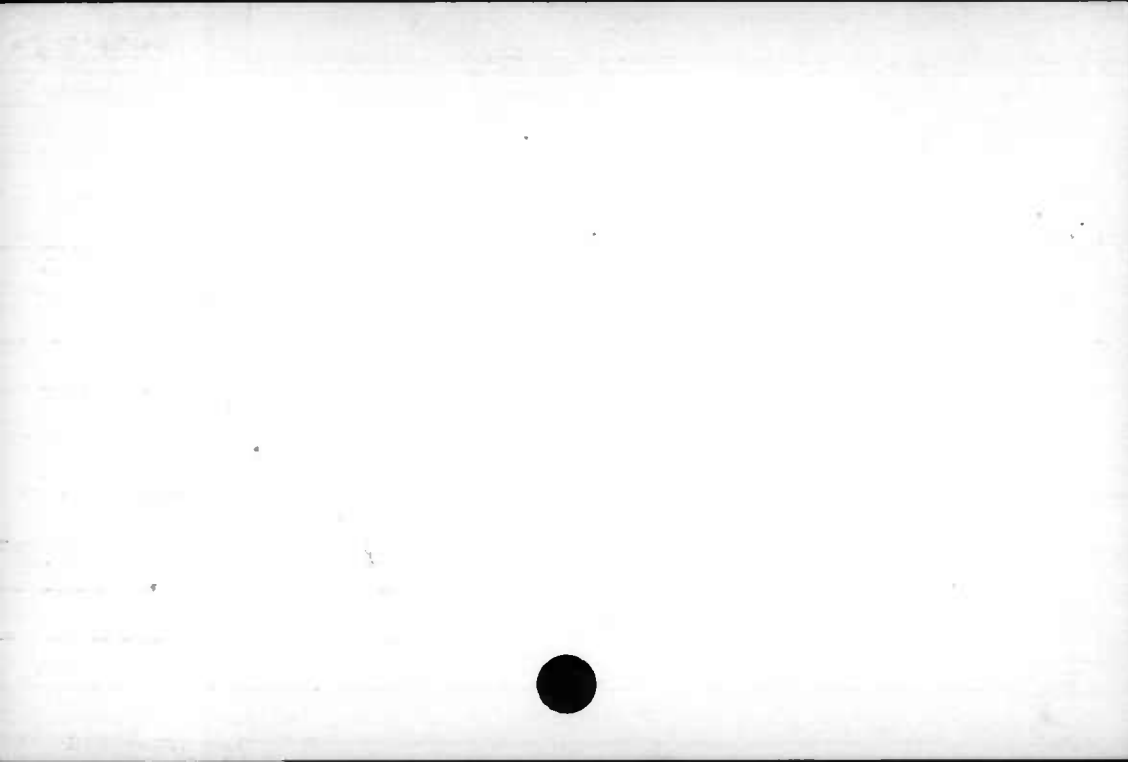
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*E. E. Weff*

Address

Cambridge, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John H. Woodlond		Town Bishop Head		County Dorchester		State MARYLAND	
Died at Bishop Head		Date of death 1905		Month of		Day 4	
Sex Male		Color or Race White		Age 70		Years —	
Occupation None		Birth-place Ind		Months —		Days 20	
Where Residing if not at place of death None							
Married, Single or Widowed Married		Name of Wife or Husband Martha Woodlond					
Father's Name Edmond Woodlond		Father's Birthplace Ind					
Mother's Maiden Name Kizzie — — — —		Mother's Birthplace Ind					
Name of person giving information Arthur H. Woodlond		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause Organic Heart Lesion		How long 3 years	
Immediate Cause Yes		How long —	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. A. Jones, M.D.	
		Address Bishop Head	
Accident or Suicide? No			

